

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51				
2		1				52				
3		1				53				
4		1				54				
5		1				55				
6		1				56				
7		1				57				
8		1				58				
9		1				59				
10		1				60				
11		1				61				
12		1				62				
13		1				63				
14		1				64				
15		1				65				
16		1				66				
17		1				67				
18		1				68				
19	1	1				69				
20		1				70				
21		1				71				
22		1				72				
23		1				73				
24		1				74				
25		1				75				
26		1				76				
27		1				77				
28		1				78				
29	1					79				
30		1				80				
31		1				81				
32		1				82				
33		1				83				
34		1				84				
35		1				85				
36		1				86				
37		1				87				
38		1				88				
39		1				89				
40		1				90				
41		1				91				
42		1				92				
43		1				93				
44		1				94				
45		1				95				
46		1				96				
47		1				97				
48		1				98				
49		1				99				
50		1				100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	32					TOTAL DEP.				
TOTAL CLAIMS	35					TOTAL CLAIMS				